

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		7				
9		7				
10		7				
11		7				
12		7				
13		7				
14		7				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23		1				
24		7				
25		7				
26		7				
27		0				
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43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	27					
TOTAL CLAIMS	81					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						